

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 570056

FILING DATE

APPLICANT(S)

Att. 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
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43		42				
44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
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97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	58					